

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Conservative Solutions PAC		FEC IDENTIFICATION NUMBER ▼ C C00541292	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee First Tuesday Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016	
Mailing Address 1301 Gervais Street Suite 520		Amount 3242.95	
City Columbia	State SC	Zip Code 29201	Transaction ID : SE.5882
Purpose of Expenditure telephone calls	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Marco Rubio		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: SC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee On the Mark Direct, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016	
Mailing Address 1391 Gervais Street Suite 520		Amount 170179.88	
City Columbia	State SC	Zip Code 29201	Transaction ID : SE.5807
Purpose of Expenditure direct mail services	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Rafael Edward 'Ted' Cruz		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: SC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	173422.83
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins

[Electronically Filed]

Date

MM / DD / YYYY
02 / 18 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Conservative Solutions PAC	FEC IDENTIFICATION NUMBER ▼ C C00541292
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Target Enterprises, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 17 / 2016		
Mailing Address 15260 Ventura Blvd. Suite 1240			Amount 50000.00		
City Sherman Oaks	State CA	Zip Code 91403	Transaction ID : SE.5884		
Purpose of Expenditure online advertising		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Marco Rubio		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	223422.83

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Nancy H. Watkins

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